

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only  
E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number <u>8160</u>	2. Fiscal Year Covered From: <u>I / I / 04</u> Through: <u>I2 / 3I / 04</u>
3. Name and address of person filing. Name <u>Charles Byrnes</u> P.O. Box, Bldg., Room No., if any _____ Street <u>625 Stanwix Street, Suite 1804</u> City <u>Pittsburgh</u> State <u>PA</u> ZIP Code + 4 <u>15222</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 926</u> Labor Organization File Number <u>019-807</u> P.O. Box, Building and Room Number, if any _____ Street <u>625 Stanwix Street, Suite 1804</u> City <u>Pittsburgh</u> State <u>PA</u> ZIP Code + 4 <u>15222</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____
---	--

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *Charles M. Byrnes* On 8.19.05 (412) 281 4633  
Date Telephone Number

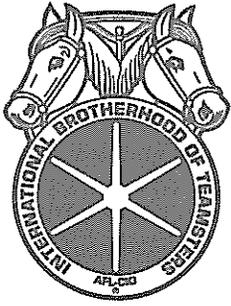
Name of Person Filing	Charles Byrnes	File Number U-
-----------------------	----------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p>___ a. Labor Organization</p> <p>___ b. Trust</p> <p>___ c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount. <input type="text"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Jubelirer, Pass &amp; Intrieri, P.C.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>219 Fort Pitt Boulevard</u></p> <p>City <u>Pittsburgh</u></p> <p>State <u>PA</u> ZIP Code + 4 <u>15222</u></p>	<p>14.a. Nature of payment.</p> <p>Christmas gift of food and beverage valued at \$75.00 from law firm who represents Teamsters Local 926.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text" value="\$75.00"/></p>



# Automotive Chauffeurs, Parts, Garage and Airline Employees LOCAL UNION NO. 926

*Affiliated with the International Brotherhood of Teamsters and the Joint Council of Teamsters No. 40*

625 STANWIX STREET • SUITE 1804 STANWIX TOWERS • PITTSBURGH, PENNSYLVANIA 15222  
PHONE: (412) 281-4633 - FAX: (412) 281-8813

SCOTT STANLEY  
*President*

ROBERT SHOUP  
*Vice President*

MARC R. DREVES  
*Recording Secretary*  
*Business Representative*



CHARLES M. BYRNES  
*Secretary Treasurer*  
*Principal Officer*

*Trustees*  
LEONARD KULWICKI  
ROBERT FRANK  
GWEN HELMS

FRANK M. FINK  
PAUL "DINO" TAORMINA  
*Business Representative*

August 15, 2005

US Department of Labor  
ESA/OLMS, Room N-5616  
200 Constitution Avenue N.W.  
Washington, D.C. 20210

Dear Sirs:

Enclosed please find the LM-30 filing for Charles M. Byrnes containing three (3) schedules,  
1) Western Pennsylvania Teamsters Health and Welfare Fund, 2) Jubelirer, Pass & Intriери and  
3) Prudential Financial.

Please feel free to contact this office if there are any questions.

Sincerely,

Gayle McKernan  
Office Manager

OVERNIGHT MAIL  
EV619441845US